

**Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group
Governing Body held 6 August 2015 at West Offices, Station Rise, York YO1 6GA**

Present

Mr Keith Ramsay (KR)	Chairman
Dr Louise Barker (LB)	GP Member
Mr David Booker (DB)	Lay Member
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Member
Dr Andrew Phillips (AP)	Interim Deputy Chief Clinical Officer
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance (Non Voting)

Ms Wendy Balmain (WB) on behalf of Mr Richard Webb	Assistant Director Integration, North Yorkshire County Council
Miss Siân Balsom (SB)	Manager, Healthwatch York
Mrs Louise Johnston (LJ)	Practice Manager Representative
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Ms Michèle Saidman	Executive Assistant
Mr Guy van Dichele	Interim Director of Adult Social Care, City of York Council

Apologies

Dr Emma Broughton (EB)	GP Member
Dr Paula Evans(PE)	GP, Council of Representatives Member
Dr Shaun O'Connell (SOC)	GP Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mr Richard Webb (RW)	Corporate Director of Health and Adult Services, North Yorkshire County Council

Ten members of the public were in attendance.

No questions had been submitted from members of the public within the timescale.

KR welcomed everyone to the meeting. As this was GvD's last day at City of York Council KR, both personally and on behalf of the Governing Body, expressed appreciation for his work and support to the CCG and wished him well for the future.

AGENDA ITEMS

1. Apologies

As noted above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

There were initially no declarations of members' interests in relation to the business of the meeting with members' interests as per the Register of Interests. However, during discussion of item 8 LB, LJ, JL, TM and AP declared an interest in respect of the GP Innovation Fund.

3. Minutes of the Meetings held on 4 June 2015

The minutes of the meeting held on 4 June were agreed.

The Governing Body:

Approved the minutes of the meeting held on 4 June 2015.

4. Matters Arising from the Minutes

Remuneration Committee Terms of Reference: KR reported that this item would be considered at the Remuneration Committee later in the day and had therefore been deferred to the October Governing Body meeting.

A number of items were noted as completed, on the agenda or outstanding.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

MH presented the report which included updates on system resilience, primary care co-commissioning, pioneering through partnerships, integrating health and social care in the Vale of York, public and patient engagement, and the North Yorkshire Health and Wellbeing Board strategy consultation. Approval for sign up to the North Yorkshire Working Together Compact was also sought.

MH referred to the significant financial pressures on the CCG and York Teaching Hospital NHS Foundation Trust. He described the establishment of a System Leaders Group comprising himself and the Chief Executives of York Teaching Hospital NHS Foundation Trust, City of York Council, North Yorkshire County Council, NHS Scarborough and Ryedale CCG and Tees, Esk and Wear Valleys NHS Foundation Trust. They would oversee the programme of work for recovery and sustainability across the Vale of York area.

In regard to the contract for mental health and learning disability services MH reported that Monitor had issued a letter confirming that they would not investigate the procurement process. Mobilisation was progressing for the formal commencement of the contract on 1 October 2015.

MH reported that discussions were taking place between Healthshare Limited, who had been awarded the musculoskeletal clinical assessment triage and treatment services (MSK) contract, and York Teaching Hospital NHS Foundation Trust, the current provider, for mobilisation and formal commencement of the new contract on 1 November 2015.

MH highlighted the request for sign up by the CCG to the North Yorkshire Compact – Working Together which provided a framework for working for voluntary, community and social enterprise sector organisations and the public sector. In response to DB seeking clarification about monitoring objectives, WB advised that the North Yorkshire Health and Wellbeing Board would work to develop measurements and associated arrangements. SB sought and received confirmation for implementation of the York Compact. KR additionally noted that a similar arrangement should be established with East Riding of Yorkshire.

In respect of the North Yorkshire Health and Wellbeing Board draft strategy MH invited WB to provide further information. WB noted that the draft strategy, out to consultation until 19 August 2015, was a high level document developed with CCGs and other partners to confirm that they had common priorities. She advised that the original Health and Wellbeing Strategy had been updated to ensure focus on appropriate priorities and take account of the austerity requirements being experienced by all organisations.

KR welcomed the work towards full mobilisation of the mental health and learning disabilities contract and requested an update on the community services contract. In response MH advised that this had been stopped to enable development of integrated services. A Provider Board, which had to date met four times, had been established comprising representatives of York Teaching Hospital NHS Foundation Trust, the local authorities and primary care. This was part of the System Leadership work.

The Governing Body:

1. Noted the Chief Clinical Officer Report.
2. Approved sign up to the North Yorkshire Working Together Compact.
3. Requested that Compact arrangements be established for York and the East Riding of Yorkshire.

6. Assurance Update

MH referred to the report that advised of the receipt from NHS England of the formal letter following the 2014/15 Quarter 3 assurance meeting. This confirmed that the CCG had been assessed as 'Assured with Support' for that period; the formal letter following the Quarter 4 assurance meeting held in July was awaited. MH reported that the latter meeting had in fact focused on discussion of 2015/16 and the potential for the CCG to be assessed as 'Not Assured' in view of the financial position and performance issues particularly at York Teaching Hospital NHS Foundation Trust. MH emphasised that there was close working across the health and social care system to address these performance issues. He noted that a one system, one budget approach was being considered in this regard.

MH noted that the significant risks were detailed in the report. Four new red risks had been added in July relating primarily to finance and performance issues and including the Better Care Fund which MH emphasised that, although a risk, was the right approach to progress integration of services.

In response to SP seeking clarification about mitigation of risk and associated performance reporting, MC referred to the following agenda item noting that development of this report included consideration of demonstrating management of risk.

KR referred to Better Care Fund national performance issues and sought assurance that the local authorities fully understood the financial pressures on the CCG. MH confirmed that working relationships with the local authorities had improved significantly over the past three years and noted that their financial position was equally challenging. Joint working was required to provide a solution. WB reiterated the significant pressures across the system, both in terms of finances and performance, noting the Better Care Fund - transformation of health and social care mechanisms - had become one element of the work required to establish prioritisation of outcomes. There would be continued support to ensure evidence based delivery. AP added that, as many of the individual projects appeared to be delivering, there was a need for understanding of their impact on the system.

KR noted the meeting on 10 August with Monitor, NHS England and providers.

The Governing Body:

Noted the Assurance Update.

7. Governing Body Assurance Report – Quality and Performance

MC highlighted the principles on which the new format of the report was based, further options for presenting the information, and requested comments on the form and design. She noted that this had also been discussed at the last Quality and Finance Committee meeting and that the data presented was as at May 2015. Areas in development for inclusion were noted at the end of the report.

AP presented the information relating to unplanned care. He noted increased activity over the two May bank holiday weekends with a significant increase in calls to NHS 111 when the target for calls to be answered within 60 seconds had been missed on both Sundays. However this target had been met for the month of May as a whole.

Yorkshire Ambulance Service had met the 19 minute response time performance target of greater than 95% for both the CCG and its overall area in May but latest information showed that it had just missed this target in both categories for June. In respect of performance against the Ambulance Quality Indicators AP noted that the latest available information was for December 2014 as the data was based on patient outcomes.

AP referred to the month on month decline until May against the 95% Accident and Emergency four hour performance target. He noted contributing factors to the increase in demand as increased acuity in GP non elective activity and that 50% of hospital ambulance attendances resulted in admission. There were a number of related issues including workforce, the 7.4% increase in non elective activity most of whom were over

75, and patient flow issues due to high bed occupancy. AP reported that June data indicated improved performance against the four hour target and that the 95% target was expected to be achieved by the end of September 2015 as a result of resilience plans and mitigation. GvD added that patient choice impacted on delayed transfers of care highlighting the need for clinicians to encourage patients to move to step-down beds and for work with housing providers.

AP reported that June data for the GP Out of Hours Service showed improved performance with the exception of calls back by a GP out of hours clinician within one hour. He confirmed the expectation that outcomes would be delivered.

Members discussed further presentation of the information in terms of providing detail of plans, issues and mitigation, trends, analysis and narrative, timeliness and “intelligence”, and processes for issuing of meeting papers. They welcomed information from TP that the Finance, Activity and QIPP report was being reviewed with the aim of developing an integrated approach linking activity, trends and QIPP performance. The planned timetable was for a draft in the revised format for month 5 and a final version for month 6.

MC presented the information relating to planned care. She noted that, although diagnostics continued to fall short of the target of no more than 1% of patients waiting for more than six weeks for a test, there was an indication of improvement to 2.2% in June. This was in effect approximately 80 out of 4000 patients waiting more than six weeks. MC noted that CT scan provision had improved and was now at 1%. In response to GPO seeking clarification as to whether MRI scans at Ramsay Hospital were included MC agreed to confirm this information.

MC reported that performance against the referral to treatment within 18 weeks was variable across specialties but appeared to have improved in June. The main issues were in gynaecology, plastics and urology due to bed shortages. Sustainability was expected in September 2015. All cancer 31 and 62 day referral to treatment performance had been achieved and was in fact higher than the national performance. TP highlighted that, although the incomplete standard was now the only reported 18 week measure, the CCG was still required to monitor the admitted and non admitted performance.

MC referred to the announcement of the Living Wage increase. She noted the potential for this to adversely affect domiciliary care and care homes.

In respect of Improving Access to Psychological Therapies MC noted the deteriorating position of prevalence from 11.2% reported for March to the updated position of 6.7% in May. She advised that there was capacity but referrals were not being received.

MC highlighted concern at the level of Health Care Associated Infections at York Teaching Hospital NHS Foundation Trust noting that a detailed review was taking place. She particularly noted the current 20 cases of clostridium difficile cases against a performance target of not more than 48 for the year. MC noted that the majority of cases were on the Scarborough Hospital site. She explained that ‘lapses in care’ guidance had come into effect from April 2015 and assured members that York Teaching Hospital NHS Foundation Trust was taking appropriate actions.

MC noted Serious Incidents and Never Events in terms of high levels of reporting indicating a good reporting organisation. She noted that the majority of Serious Incidents were falls with harm and pressure ulcers and reported a Never Event at York Teaching Hospital NHS Foundation Trust: the extraction of a wrong tooth. MC advised that new national guidance had been issued which relied on the application of the the definition rather than lists of conditions or incidents which constituted a serious incident. She noted that discussion was taking place with York Teaching Hospital NHS Foundation Trust to establish a common understanding.

MC advised that mortality at York Teaching Hospital NHS Foundation Trust was within the expected range and assured members that detailed analysis took place in the event of any unexpected death.

In terms of patient experience MC referred to the Friends and Family Test where there was a low response rate overall, with the best response rate being from maternity services. Work was taking place to improve understanding of complaints information from providers.

KR noted areas of progress and concern. He emphasised the need for timely analysis of data to inform decision making.

The Governing Body:

1. Noted the Governing Body Assurance Report.
2. Noted that MC would confirm whether MRI scans at Ramsay Hospital were included in the diagnostics information.

8. Finance, Activity and QIPP Report

LB, LJ, JL, TM and AP declared an interest in respect of the GP Innovation Fund during discussion of this item. They stayed for the discussion; no decision was required.

TP reiterated that the format of this report was being considered to improve reporting against the key financial duties, for example through a scorecard or dashboard with inclusion of information on actions taken. She advised that the month 3 report was both in line with plan in year and the forecast year end 1% surplus. There was an underlying gap in the financial position but as it was early in the financial year it was reported as unmitigated risk. This way of reporting had been agreed with NHS England and was consistent with the CCG's reporting to them.

TP referred to the issue in the report relating to a potential increase in allocation affecting CCGs meeting the 1% surplus rule. She reported that clarification had now been received and this was more an issue of presentation than finance.

TP referred to the programme costs highlighting a c£2.4m overtrade against contracts and noting that c£1.4m of the c£1.9m relating to acute trusts was with York Teaching Hospital NHS Foundation Trust, the CCG's main provider. TP highlighted in particular: a reduction in elective activity, primarily within trauma and orthopaedics, although this was off-set by a corresponding overtrade with Ramsay Hospital of £231k; an increase in emergency activity of 16% and £1.3m (£1.7m less £412k Threshold Adjustment); an

increase in A and E activity of 20% and £241k; and inclusion in the year to date plan of the effect of £1.1m of savings from Better Care Fund schemes. TP explained that there was some evidence of impact from Better Care Fund plans but the underlying trend was of increased non elective and A and E activity. Work was taking place across the contracts to understand the information at this early stage in the year.

In terms of reserves and contingencies TP reported that, in view of the year to date £2.4m overspend, the CCG had been required to release £3m, a greater proportion than three months' worth of year to date contingency, but noted that QIPP and Better Care Fund plans were scheduled to have impact later in the year. She acknowledged risk with this approach but reiterated that it was in agreement with NHS England. TP explained that the adjustment to the voluntary sector budgets had been through review and realignment with contracts; the difference between this and the original budget had been released.

TP referred to the information on risks and mitigations noting that the Risk Adjusted – Probable was reported as the most likely outcome; this risk adjusted £1.2m forecast surplus was £2.7m below the 1% requirement. TP advised that since the report had been written a review of every budget line had been undertaken which had identified final additional contingencies. Additionally, there had been developments with a number of the contingencies detailed: the Better Care Fund performance funds and clawback had been ringfenced and validated with the local authorities; through discussion with City of York Council and North Yorkshire Council there was potential funding to offset non elective activity not reduced as planned; the level of provision of contingency for continuing health care was likely to be greater than expected due to data cleansing and validation by the Partnership Commissioning Unit; and a joint activity plan had been signed off with York Teaching Hospital NHS Foundation Trust which meant there was joint responsibility for either bringing the contract back in line or to mitigate as required. Discussion was taking place with York Teaching Hospital NHS Foundation Trust about risks relating to penalties. TP noted open discussion and improved relationships in the approach to work across the system for development of a financial recovery plan.

In terms of the GP Innovation Fund contingency TP explained that the probability of £1.35m from the total £1.74m was due to the CCG's commitment for the first quarter of 2015/16 to schemes carried forward from 2014/15. She reported on robust discussion both at Senior Management Team and the Quality and Finance Committee of this potential contingency in the context of its original remit of helping practices better manage high intensity elderly patients. TP agreed that it was critical for the CCG to continue to support and invest in primary care but emphasised the need for these schemes to evidence impact on emergency activity at the hospital.

TP referred to the potential for NHS England to apply special measures and the expectation that they would request a formal recovery plan which she noted was being developed already. TP reiterated that the CCG was working with partners on a system wide approach, noted the significant risk and the position described relating to the contingencies.

SP welcomed the early reporting of issues as it provided an opportunity to take action but expressed concern at the fact that all contingencies appeared to have been utilised and the potential for non recurrent measures to impact on the 2016/17 financial position. She

additionally sought clarification on the availability of the recovery plan. In response TP advised that the CCG was adopting the approach of openness and confirmed that there were no further reserves. There was the potential for the in-year continuing health care benefit to become recurrent as a result of the work on data validation and processes that was taking place within the Partnership Commissioning Unit. The Better Care Fund was non recurrent at this time but with the potential for plans to be accelerated and scaled up as part of the longer term system change and integration for a sustainable system. A draft recovery plan was being developed based on templates from NHS England and focusing on a system wide approach. Learning from experience in other areas where a system recovery plan approach had been adopted was being sought and the aim was for a system wide recovery plan by the end of August.

Detailed discussion ensued in respect of the GP Innovation Fund. JL recognised the challenging financial position but highlighted that this was the single fund that enabled practices to develop new ways of working, including utilisation of new technology to aid reducing hospital admissions and progress towards integrated services. GPo welcomed the development of integrated community services but expressed concern about achievement of the anticipated reduction in non elective activity. SB highlighted the importance of primary care in transforming the delivery of services. TM referred to increasing demand for services in view of demographic growth, the need to use technology and other means of communication to support patients. WB highlighted the challenge of supporting people to stay at home and to develop alternative choices in the system.

KR highlighted the need for integration of health and social care to progress at pace and for the GP Innovation Fund to demonstrate evidence of impact.

MH noted that no further money could be expected in the system for the next five years and emphasised the need to remain firm in the plans for system transformation. He referred to national and international evidence that supported this approach and advised that the development of "New Models of Care" was being actively pursued with the Chief Executive of York Teaching Hospital NHS Foundation Trust. . MH reported that the first meeting of the System Leaders Group was taking place on 1 September. In conclusion MH asserted that recognition of the discretionary effort on the part of GPs was imperative and emphasised the requirement for the whole system to change to address the current challenges.

The Governing Body:

Noted the Finance, Activity and QIPP Report and associated challenges.

9. Audit Committee Annual Report 2014/15

In referring to the Audit Committee Annual Report TP highlighted a number of aspects including changes in the Committee's membership, the appointment of SP as Chair, and the approval of a revised Conflict of Interests Policy which was critical to the management of the CCG's business. She also noted the implementation of Covalent to support risk management and risk profile across work programmes.

In respect of the annual accounts TP noted that the Head of Internal Audit Opinion had been one of Significant Assurance and that Mazars LLP had both issued an unqualified opinion and commended the accounts.

The outcomes of Internal Audit reports for the CCG had improved, with none being of Limited Assurance. Work was taking place to ensure that actions were put in place in respect of the two Partnership Commissioning Unit audits with Limited Assurance, namely Follow-up of Financial Reporting Processes and Continuing Healthcare. TP also noted that Janet Probert, Director of the Partnership Commissioning Unit, would continue to be invited to the Audit Committee when required to provide assurance.

In terms of other assurance functions TP highlighted the agreement by North Yorkshire CCG Accountable Officers and Finance Officers that the only risk share arrangement which would continue was that relating to Specialist Rehabilitation and Brain Injury patients. TP also noted that the Committee's future plans included the work taking place to move from a single comprehensive contract with Yorkshire and Humber Commissioning Support to buying services from the Lead Provider Framework or bringing functions "in-house".

TP reported that the Audit Committee was currently reviewing its terms of reference and workplan.

KR noted that this was the second year that the Finance Team had been commended for their work on the annual accounts.

The Governing Body:

Noted the Audit Committee Annual Report 2014/15.

10. City of York Safeguarding Adults Annual Report

MC referred to the City of York Safeguarding Adult Annual Report which was presented to the Governing Body to provide assurance of the statutory functions and the CCG's contribution as a key partner. She noted that the Partnership Commissioning Unit had provided a statement on behalf of the CCG and highlighted that from 1 April 2015 Adult Safeguarding had become statutory in the same way as Safeguarding Children.

The Governing Body:

Noted the City of York Safeguarding Adults Annual Report.

11. Safeguarding Children Policy

In referring to the Safeguarding Children Policy MC noted that this was an internal CCG policy which had been updated in line with 2015 'Working Together to Safeguard Children' and 'Promoting the Health and Wellbeing of Looked After Children'.

The Governing Body:

Noted the Safeguarding Children Policy.

12. NHS Vale of York CCG Audit Committee Minutes

DB confirmed that TP had covered the areas of note from the May meeting under item 9

above. In respect of the July minutes SP highlighted three issues: risk assessment and assurance in respect of transition of commissioning support services; taking forward the CCG's Security Plan; and the current review of the CCG's Assurance Framework. SP additionally noted that as part of her induction she had met with Internal Audit who had had no specific issues to raise and had been complimentary about both the CCG's staff and the systems and processes.

The Governing Body:

Received the minutes of the Audit Committee of 27 May and 8 July 2015.

13. NHS Vale of York CCG Quality and Finance Committee

DB noted that the issues raised from the July minutes had been discussed under previous agenda items.

AP provided additional information about the item relating to System Resilience Group Scheme Continuation 2015/16, namely the decision to cease the York Teaching Hospital NHS Foundation Trust GP in the Emergency Department scheme. He reported that, following subsequent discussion with the Chief Operating Officer at York Teaching Hospital NHS Foundation Trust about the issue of data to evidence the impact of the scheme, he had amended the proposed letter and written requesting data by the end of the month to report to the Quality and Finance Committee. AP also noted this scheme in the context of the recovery plan requirement to include primary care.

The Governing Body:

1. Received the minutes of the Quality and Finance Committee of 23 July 2015.
2. Noted the update on the York Teaching Hospital NHS Foundation Trust GP in the Emergency Department scheme.

14. Medicines Commissioning Committee

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee of 20 May and 17 June 2015.

15. Next Meeting

The Governing Body:

Noted that the next meeting was on 1 October 2015 at 10am at West Offices, Station Rise, York YO1 6GA.

16. Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted.

17. Follow Up Actions

The actions required as detailed above in these minutes are attached at Appendix A.

A glossary of commonly used terms is available at

<http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf>

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 6 AUGUST 2015 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 October 2014	Referral Support Service Progress Report	<ul style="list-style-type: none"> Evaluation of Stop Before Your Op to be discussed 	EB/JH	Ongoing
5 February 2015 2 April 2015	Integrated Quality and Performance Report	<ul style="list-style-type: none"> Consideration to be given to the format to include qualitative outcomes 	MC	2 April 2015 Ongoing
5 February 2015 2 April 2015	Referral Support Service	<ul style="list-style-type: none"> Information requested regarding further roll out of the service and associated costs 	SO	2 April 2015 4 June 2015 1 October 2015

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 April 2015 6 August 2015	Review of Remuneration Committee Terms of Reference	<ul style="list-style-type: none"> To be presented at the next Governing Body meeting 	RP	4 June 2015 Deferred to 6 August 2015 Deferred to 1 October 2015
6 August 2015	Chief Clinical Officers Report	<ul style="list-style-type: none"> Compact arrangements to be established with York and East Riding of Yorkshire 	SB/RP	
6 August 2015	Governing Body Assurance Report	<ul style="list-style-type: none"> Confirmation that MRI scans at Ramsay Hospital were included in the report 	MC	